

she had a violent fit of coughing. I gave her two grs. of opium, with the effect of relieving the pain and sickness; five hours after, 2 grs. more opium. The following morning she said the hernia was gone, and she was quite well; there was no return of bad symptoms, but the bowels did not act till the 29th.

30. *Iodine Injections in the treatment of Serous Cysts.*—M. VELPEAU was induced, by the success which attended the use of this means in the treatment of hydrocele, to adopt it for various kinds of serous cysts, enlarged bursæ, &c., about the knee, in the axilla, breast, neck, and other parts. The proceeding consists in puncturing the cyst with a trocar proportioned to its size, emptying it, and then injecting through the canula a mixture of one part of tincture of iodine with two parts of water. This having been retained for a few seconds, should then be nearly all drawn off again. The pain produced by this operation is generally considerable, and ceases after a about a quarter of an hour; a day or two after reaction takes place the cyst inflames, though never severely; in two or three days more, resolution commences, the cyst diminishes, grows pale, shrivels, and in two, four, or six weeks the cure is perfected. It is rarely delayed beyond this time, but it may be accelerated by rubbing the skin over the cyst with mercurial or iodine ointment when all the signs of acute inflammation in it have passed away.—*British and Foreign Med. Rev.*, April 1842, from *Bull. Gén. de Thérap.*, Nov. 1841.

31. *Permanent closure of the jaws cured after a lapse of five years by division of the masseter muscle.*—Prof. FERGUSSON records in the *Prov. Med. and Surg. Journ.*, (29th Jan. 1842,) an interesting example of this. The subject of the case was a healthy man, 35 years of age, who was unable to open his mouth more than a quarter of an inch between the incisor teeth of the upper and lower jaw; he was of course unable to masticate. This condition of things seemed to have resulted from an abscess which had probably formed in the substance of the lower end of the masseter muscle, and had left a tumour of the size of half a walnut. "The masseter muscle, though it had long been out of use, seemed of its usual development, and felt hard, as if in a state of temporary action. The other parts of the cheek seemed healthy, and the mucous membrane within was in a natural condition. The masseter of the opposite side felt somewhat flaccid, but otherwise in a healthy state."

After trying iodine without benefit, Mr. F. determined to divide transversely either a portion of the masseter muscle, or its whole breadth. "I supposed that my wisest plan would be to try the effect of a partial division first, and I accordingly, with a very narrow blade, cut through about half an inch of the anterior margin of this muscle. The point of the knife was passed from the mouth through the mucous membrane and buccinator muscle, a little below the parotid duct, and having been pushed between the skin and the masseter, the fibres of the muscle were divided by carrying the edge from without inwards. Only a drop or two of blood followed the withdrawal of the knife; the divided fibres separated freely, and a very perceptible effect on the width of the mouth followed. After the lapse of fourteen days, being convinced that the benefit of this partial division of the muscle was likely to be permanent, I now resolved to cut through its entire breadth, and accordingly I did so by a proceeding nearly similar to that already described,—the chief difference being that of pushing the point of the knife near to the posterior margin of the ramus of the jaw, so as to enable me to make a complete division of the muscle. The knife was blunt towards the heel, such as I use in dividing tendons and muscles in other parts of the body, so that the wound in the lining membrane of the mouth was not larger than the aperture made in pushing the blade onwards to the part to be divided. Having cut every fibre until the edge of the blade came in contact with the bone, I withdrew the instrument, when about an ounce of blood flowed from the wound in the mouth, and a considerable swelling occurred over the divided part of the muscle. The blood continued to trickle from the little orifice for some time, and always came more freely when the swelling was compressed.

At last it seemed to cease, and the patient left the house after having shown me that he could open his mouth to a greater extent than at any time (as he said) during the last five years. I did not continue the movements of the jaw much at this time, as I observed that, whenever I did so, the swelling in the cheek increased, whilst there was greater difficulty and increased pain in subsequent attempts to open the mouth.

"When I next saw him he informed me that, on his way home, the swelling in the situation of the wound increased to a very considerable extent, and the tension was so great that he could not move the jaw without considerable pain, when suddenly a stream of blood issued from the orifice in the mouth, and the tumour in the cheek rapidly diminished. Eight days after the operation, there was still some swelling from effused blood; in eight more it had nearly disappeared, and the movements of the jaw could be made with less restraint and pain than formerly. More than a month after he had ceased in his attendance, he called upon me to show that he could open his mouth nearly as freely, and that he could now masticate his food as efficiently as he had ever done in his lifetime; all remains of effused blood had been absorbed; the original swelling at the lower part of the masseter was much as when I first examined it, and though he seemed delighted with the great improvement which had been effected, there was still, as it appeared to me, such a degree of rigidity, that he could not gape to such an extent as, doubtless, he could have done in his earlier days. I recommended him to move the jaw freely and frequently, and, having since heard nothing more of the case, presume that the improvement has been permanent."

[In the numbers of this Journal for Nov. 1831, p. 47 and 50, May 1840, p. 88, and Aug. 1840, p. 510, will be found recorded, accounts of similar cases successfully treated.]

32. *Formation of an Artificial Anus for the relief of Intestinal Obstruction.*—This operation, originally proposed by Littré in 1720, and recently performed by M. Amussat, in six cases, in five of which it is reported to have been successful, was performed, in March last, by Mr. T. P. TEALE, surgeon to the Leeds General Infirmary. The subject of the case was a woman, 54 years of age, labouring under intestinal obstruction from stricture of the sigmoid flexure of the colon, and an aperture was made in the descending colon, without opening the peritoneum. The patient died on the seventh day. The obstruction had been complete for ten days before the operation, and Mr. T. thinks that had this been had recourse to a few days earlier, the result would have been different. The case is related in full in the *Prov. Med. and Surg. Journ.*, March 19, 1842.

33. *Artificial Anus in lumbar region in an infant.*—M. AMUSSAT has performed this operation on an infant affected with congenital imperforation of the rectum. M. A. had tried to open the rectum through the anus, but was unable to find the gut; he then made an artificial opening in the left lumbar region, and the infant, now two months old, is well.—*Gaz. des Hôpitaux*, No. 37.

34. *Rupture of the Spine, by a violent muscular effort.* By M. LASALLE.—A man, thirty-six years old, was taken to the Maison Royale de Santé at Charenton, in a state of furious mania, and it was found necessary to confine him to his chair by means of two leather straps, which went from the upper part of its back and fixed his shoulders, and two others, which went from the same part a little lower down, and were fastened to his arms. After making various efforts to break from his confinement the patient rose up from his seat, threw his head forcibly backwards, and then flung it with great violence forwards. After this last movement the head remained bent on the neck, and the neck on the chest, and his limbs were completely paralyzed. The author saw him soon afterwards, and found an absolute loss of power in all the muscles below the neck, except the diaphragm, and those of the arms, which were but partially paralyzed.